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CONFIRMATION NO. 2875

<b>SERIAL NUMBER</b> 10/663,258	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> H0-P02652US1	
<b>APPLICANTS</b> Jose Engelmayer, Houston, TX; Atul Varadhachary, Houston, TX;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/410,981 09/16/2002 <i>CMK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none CMK</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/09/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>CMK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 26271					
<b>TITLE</b> Lactoferrin compositions and methods of wound treatment					
<b>FILING FEE RECEIVED</b> 971	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		